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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/522,043-Conf. #6728	
	Filing Date		October 13, 2005	
	First Named Inventor		Xin Lu	
	Title	Polypeptide		
	Art Unit	1642		
	Examiner Name	Sean E. Aeder		
Attorney Docket No.		31265/5829		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 04743

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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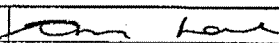
I am the:

☐ Applicant/Inventor.

☒ Assignee of record. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Name	Telephone
Title and Company	


 ANNE LANE
 UCL Cruciform Limited

Date: 6/3/08
 Telephone: 0207 679 9000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.